

**Illinois Department of Healthcare and Family Services
Breast Cancer Quality Screening and Treatment Initiative Advisory Board Meeting**

March 23, 2012

Members Present

Gail Briggs (Representing Salim Al Nurridin)
Cathy Galligan (Representing Adrienne White)
Anne Marie Murphy, PhD
Elizabeth Patton, S.A.
Vicki Vaughn

HFS Staff

Julie Hamos, Director
Sharron Matthews, Assistant Director
Robyn Nardone
Tracy Anderson

IDPH Staff

Teresa Garate, Assistant Director
Jean Becker
Shannon Lightner

Members Absent

Dr. David Ansell
Stephanie Huston Cox
Dr. Gary Dunnington
Pamela Ganschow
Dr. Paula Grabler
Eileen Knightly
Sister Sheila Lyne
Terry Macarol
Dr. Elizabeth Marcus
Linda Maricle
Dr. Melissa Simon
Donna Thompson
Ruth Todd

Interested Parties

Danielle Dupuy
Kathy Tossas-Milligan

Sharron Matthews called the meeting to order and welcomed attendees.

Attendees via videoconference in Springfield and Chicago introduced themselves followed by those on the phone.

Minutes from the December 16, 2011 meeting were reviewed. Minutes were approved and adopted.

Budget Issues

Shannon Lightner stated that the proposed budget cut for the IBCCP is \$3 million. This could result in 7,000 fewer women being served. IBCCP currently has 1600 women waiting for services on their priority lists. Women with symptoms do not get placed on the list. Due to the increase in digital mammograms, they are seeing more abnormal readings.

IDPH is requesting \$1 million in additional funds from the CDC. Currently the state contributes \$17 million and the CDC contributes \$6 million. The CDC wants to see greater involvement with Medicaid.

Director Hamos stated that the Department has been directed by the Governor's Office to cut \$2.7 billion from the Medicaid budget. At this time they are looking at changing eligibility requirements from >250% of the FPL to 250% of the FPL. Approximately 1% of the IBCCP population would be affected.

Director Hamos also stated that adults currently receiving coverage through Family Care could see the eligibility decreased from 185% of FPL to 133% of FPL.

Patient Navigation Pilots

Sharron Matthews indicated that the Department has received the signed contract from St. Mary's Hospital and it is going through the final sign-off process within HFS.

Sharron Matthews provided the following updates:

- The Pilot implementation team (consisting of St. Mary's and Mercy Hospital staff, and HFS and IDPH staff along with Northwestern University Third Party Evaluators) has been meeting to discuss the start-up process and the development of the database.
- Project milestones and timetables are being developed.
- The evaluators are working to establish control groups for both hospitals.
- HFS staff along with the evaluation team will make site visits once the programs are underway.

- Discussions will begin in the next month with the Integrated Care Program vendors on the third model of the pilot project.

Theresa Garate inquired as to when the Third Party Evaluators would start. Sharron Matthews indicated that they are already involved in the planning phase and will be working with the pilot sites from the beginning of the development process.

Shannon Lightner expressed that she would like to see the Patient Navigators from the pilot projects be trained by American Cancer Society staff.

Quality Improvement Program (QIP)

Sharron Matthews provided the following updates:

- The grant agreement is in the final stages of sign-off for the department.
- The implementation team consisting of HFS and Task Force staff have been meeting to discuss timelines and program roll-out details.
- The proposed rules are at the Governor's office awaiting approval to submit to JCAR.
- Early data-mining identified approximately 1,400 providers who are currently billing Medicaid for mammograms (radiologists, hospitals, clinics, etc.).
- The QIP is facility focused for collecting data. The facility data will provide information directly related to the facility and also on the readings performed by the radiologists.

Dr. Anne Marie Murphy added that a radiologist may read mammograms for multiple facilities. The radiologist cannot submit data on their own, so the question was posed as to what happens if not all facilities are participating?

Provider Agreement

Sharron Matthews started discussion on the Provider Agreement(s) that will be submitted by providers participating in the QIP.

- At this point the Department is looking at 2 agreements, one for the facility and one for the radiologists
- A radiologist cannot control whether the facility participates in the QIP
- We do not want to set up a climate where radiologists are showing deference to facilities who participate, leaving the non-participating hospitals lacking qualified radiologists

Theresa Garate stated that the goal of the QIP is to increase access to mammography and collect quality data. She questioned how much access will be affected by increasing the mammography rates.

Anne Marie Murphy stated that she is talking with facilities who are currently not serving Medicaid participants regarding the QIP and encouraging them to reconsider.

Director Hamos stated that in order to receive the higher rate for mammography, providers have to participate in the QIP. The Department is providing an incentive for providers to collaborate by raising the mammography rate.

Sharron Matthews stated that the radiologist should not be penalized if the facility is not participating.

Anne Marie Murphy suggested that if the data collection participation is poor, the department could take away the higher rate.

Tracy Anderson questioned if the Department could require participating facilities to bill globally for the mammogram then reimburse the radiologist for the professional component. This would allow the Department to ensure that the increased rate would be paid only to participating providers.

Shannon Lightner questioned whether billing globally would be a hardship for facilities.

Vicki Vaughn stated that billing globally should not be a problem for hospitals. Board members agreed.

The next steps in the timeline for the QIP will be to revise the Provider Agreement, develop the list of facilities, work on recruitment strategies and make the kick-off announcement.

Director Hamos questioned what is the expected timeline? Sharron Matthews indicated mostly likely the kick-off would be in May or June.

Forum Topics, Speakers and Schedules

Sharron Matthews indicated that Robyn Nardone has been asked to coordinate the forums.

Director Hamos added that we had asked for only a year commitment from Board members initially to establish the pilots. Now that board members have indicated they wish to continue serving, we needed to refocus on what will be the objectives and activities of the group during the second year.

She pointed out that since there are already organizations in the private sector doing forums, she does not want to replicate any of these topics. However, if board members had new ideas that would add value, HFS would welcome their continued leadership and full participation on matters related to breast cancer.

Anne Marie Murphy questioned if Medicaid data could be made available to providers through Electronic Health Records.

Director Hamos stated that we have 2 exciting project that will give us information in the months to come on how the HIE initiative is working.

Director Hamos inquired about the topics that the group would like to address at the next meeting which will be scheduled in 3 months.

Shannon Lightner suggested discussing Patient Navigation at Stroger Hospital.

Anne Marie Murphy inquired about discussing an "Accountable Care Organization "model.

Robyn Nardone stated that the incentive for coordinated care is that it keeps patients healthier; there is no incentive for diminished care.

Shannon Lightner stated that she will be giving a presentation to the CDC on the QIP and Patient Navigation Pilot program. Director Hamos suggested that Shannon explore whether the CDC would be able to be a presenter at the next meeting to discuss the future of the IBCCP and ACA.

Shannon Lightner will reach out to the CDC to see if this is possible. Director Hamos stated that logistically we may be able to reach more people by doing a video conference.

Shannon Lightner added that we need to engage more downstate providers to participate on the Board.

Director Hamos requested that we reach out to the Board members regarding the next meeting for recommendations of additional members.

Director Hamos discussed that HFS in collaboration with Stroger Hospital is requesting an 1115 Waiver from CMS in order to cover the uninsured population that will become eligible for Medicaid through ACA in 2014. Participants would be signed up for services at the Stroger Network only. They would not , however, be eligible for the full range of Medicaid services.

Director Hamos stated that the Department is going in the direction of Innovative Care. This model incentivizes providers to collaborate to provide the best care to patients.

Shannon Lightner stated that with the 1115 Waiver, Stroger would have to contract out for mammogram screenings.

Shannon Lightner recapped that the next meeting will be the CDC event if they are willing to participate. Robyn Nardone added that the back-up topic for the next meeting could be "the Value of Patient Navigation."

Shannon Lightner requested that she also be notified if anyone has ideas for new Board members.

Meeting was adjourned.